

Label

(See instructions.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign (See instructions.)

LABEL HERE

Form fields for name, address, and social security numbers.

Your social security number

Spouse's social security number

Important! You must enter your SSN(s) above.

You Spouse Yes No Yes No

Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

Filing Status

Check only one box.

- 1 Single, 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er)

Exemptions

If more than five dependents, see instructions.

Exemption section including boxes 6a, b, c, and d.

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Table with 2 columns: Line number and Amount. Rows 7-22.

Adjusted Gross Income

Table with 2 columns: Line number and Amount. Rows 23-34.

Tax and Credits

Standard Deduction for—

• People who checked any box on line 36a or 36b or who can be claimed as a dependent, see instrucs.

• All others: Single or Married filing separately \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

Table with 3 columns: Line number, Description, and Amount. Includes lines 35-54 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 55-60 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 61-68 for Payments.

Refund

Direct deposit? See instructions and fill in 70b, 70c, and 70d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 69-71 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-73 for Amount You Owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone number, and PIN.

Sign Here

Joint return? See instructions. Keep a copy for your records.

Signature area with fields for taxpayer and spouse signatures, dates, and occupations.

Paid Preparer's Use Only

Form for Paid Preparer's Use Only with fields for signature, date, and identification numbers.

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2003
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ **Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.**
▶ **Attach to Form 1040 or 1041.** ▶ **See Instructions for Schedule C (Form 1040).**

Name of proprietor Michael A Mann	Social security number (SSN)
A Principal business or profession, including product or service (see instructions) Web Developer	B Enter code from instructions ▶ 518210
C Business name. If no separate business name, leave blank. Low Cost Web	D Employer ID number (EIN), if any
E Business address (including suite or room no.) ▶ _____ City, town or post office, state, and ZIP code	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____	
G Did you "materially participate" in the operation of this business during 2003? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H If you started or acquired this business during 2003, check here ▶ <input type="checkbox"/>	

Part I Income		
1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see instructions and check here ▶ <input type="checkbox"/>	1	374
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	374
4 Cost of goods sold (from line 42 on page 2)	4	0
5 Gross profit. Subtract line 4 from line 3	5	374
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	374

Part II Expenses. Enter expenses for business use of your home only on line 30.					
8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Car and truck expenses (see instructions)	9	0	20 Rent or lease (see instructions):		
10 Commissions and fees	10		a Vehicles, machinery, & equipment	20a	0
11 Contract labor (see instructions)	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment		0
b Other	16b		c Enter nondeductible amount included on line 24b (see instructions)		0
17 Legal and professional services	17		d Subtract line 24c from line 24b	24d	0
18 Office expense	18		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	135
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns ▶	28			28	135
29 Tentative profit (loss). Subtract line 28 from line 7	29			29	239
30 Expenses for business use of your home. Attach Form 8829	30			30	0
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.				31	239
• If a loss, you must go on to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.				32a	<input checked="" type="checkbox"/> All investment is at risk.
• If you checked 32b, you must attach Form 6198.				32b	<input type="checkbox"/> Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Methods(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	0
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	0

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____ .

44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

45 Do you (or your spouse) have another vehicle available for personal use? Yes No

46 Was your vehicle available for use during off-duty hours? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Web Hosting		99

Domain Name Registrations		36

48 Total other expenses. Enter here and on page 1, line 27	48	135